



PRE-EMPLOYMENT

FULL SECURITY CLEARANCE

PERSONAL HISTORY STATEMENT

APPLICANT'S NAME:

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

POSITION APPLIED FOR:

Idaho State Police Use Only

ASSIGNED

INVESTIGATOR:

CASE NUMBER:

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes:

1. Please print or type your full legal name				
Last	First	Middle	Age	
Other names (including nicknames) you have used or been known by		Maiden name		
2. Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain)				
Street Address		City	State Zip Code	
3. Please list your residence phone and an alternate number for messages				
Please list your mailing address if it is different from your residence address				
Street Address		City	State Zip Code	
Email Address				
4. Birth Date		5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide documentation to confirm this? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month	Day			Year
Place of Birth:				
6. Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
-- --				
7. For the purposes of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos or other distinguishing marks				

Personal History Statement

Relatives, References, Acquaintances

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be limited to job related matters.

8. Please provide the appropriate information in the spaces provided below. If a category is not applicable, write in N/A .

Name of your:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)	
Father	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()	
		Work ()	
Mother	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()	
		Work ()	
Father-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()	
		Work ()	
Mother-in-law	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()	
		Work ()	
Spouse/Parent of Children in Common	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()	
		Work ()	
Spouse's maiden name	Spouse's date of birth	Other names spouse has used	
Date of marriage	Place of marriage		
Spouse's employer (name and address)		Telephone ()	
Spouse's occupation			
How long with current employer?			
Name of former spouse/parent of children in common	Date of Marriage	Date of Divorce	City, State of Divorce
Amount of alimony or child support received or paid (circle one)		Have you ever been delinquent in making required payment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Present address of former spouse/parent of children in common		Telephone ()	

Personal History Statement

Relatives, References, Acquaintances

Name of your:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
Brother(s) and Sister(s)	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Step-mother	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Step-father	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Step-brother(s) and Step-sister(s)	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
Other relatives with whom you have a close personal relationship (including children and their ages).		
	Relationship	Home ()
		Work ()
		Home ()
		Work ()
		Home ()
		Work ()

Personal History Statement

Relatives, References, Acquaintances

9. Please list six (6) individuals such as friends, co-workers, neighbors, classmates, teachers, or supervisors who know you well enough to provide accurate information about you and your qualifications for this position.		
Name:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
How known? How long?	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()

10. Please list any individuals with whom you are acquainted and who are members of law enforcement agencies. Exclude individuals who are listed in questions 9 and 11.		
Name and Rank:	Address where person can be contacted (Include City, State and Zip code)	Telephone number at which person can be contacted (include area code)
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
Department		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
Department		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
Department		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
Department		Work ()
	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
Department		Work ()

Personal History Statement

Relatives, References, Acquaintances

11. Please list those individuals with whom you have resided during the last ten (10) years. Exclude family members. List the individual's current address.

Name and dates	Address	Phone
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()
From: To:	Home <input type="checkbox"/> Work <input type="checkbox"/>	Home ()
		Work ()

Personal History Statement

Legal

12. Have you ever been charged, arrested or convicted for any criminal offense? (Do not include traffic citations unless you were taken into custody)
☐ Yes ☐ No If yes, provide the following information, starting with the most recent event. Explain in more detail on page 23, if necessary. *(An arrest resulting in a withheld judgment, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the instructions for details.)*

Date	Charge(s)	Police agency/city or locality	Penalty

13. Have you ever been placed on court probation as an adult?
☐ Yes ☐ No If yes, please give details (include when, where, why). Give dates of probation starting with the most recent.

14. Have you ever been detained, questioned, held on suspicion or fingerprinted, although not arrested, during the course of a criminal investigation conducted by a law enforcement agency?
☐ Yes ☐ No If yes please explain.

15. Have you ever been charged with or investigated for a crime that was not prosecuted?
☐ Yes ☐ No If yes, what crime, when and where did it occur?

16. Have you ever collected unemployment or welfare benefits (including food stamps) when you were not entitled to them, or received an overpayment which you were required to repay?
☐ Yes ☐ No If yes, please explain.

17. Have you complied with the draft registration laws?
☐ Yes ☐ No If no, please explain.

18. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult?
☐ Yes ☐ No If yes, please explain. Include dates.

19. Have you ever been reported to a law enforcement agency as a missing person or a runaway?
☐ Yes ☐ No If yes, please give details including date, law enforcement agency and circumstances.

20. Have you ever applied for a permit to carry a concealed weapon?
☐ Yes ☐ No If yes, please provide the following information:

Permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Name of law enforcement agency issuing permit
---	------	---

Personal History Statement

Legal

21. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including when, where, name and location of court, and circumstances.			
22. Have you ever been a petitioner or a respondent in a protection or no contact order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
23. Have you ever been a possible respondent to a protection or no contact order but were never served? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
24. Have you ever been served with a summons for court in any civil matter which was resolved prior to court or through an arbitrator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
25. Have you experimented with, or tried, any type of an illegal drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate with an X all drugs that you have experimented with or tried, from the list below. Experimentation includes, but is not limited to smoking, swallowing, tasting, inhaling, or injecting.			
<input type="checkbox"/> Marijuana <input type="checkbox"/> Hashish <input type="checkbox"/> Hashish oil <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Rock <input type="checkbox"/> Ice <input type="checkbox"/> Amphetamines <input type="checkbox"/> Crosstops	<input type="checkbox"/> Peyote <input type="checkbox"/> Mushrooms <input type="checkbox"/> Spice <input type="checkbox"/> K2 <input type="checkbox"/> Uppers <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Speed <input type="checkbox"/> Crank <input type="checkbox"/> Crystal	<input type="checkbox"/> Ecstasy <input type="checkbox"/> Barbiturates <input type="checkbox"/> Black Beauties <input type="checkbox"/> Downers <input type="checkbox"/> Reds <input type="checkbox"/> Quaaludes <input type="checkbox"/> PCP <input type="checkbox"/> Sherms <input type="checkbox"/> Angel Dust	<input type="checkbox"/> LSD <input type="checkbox"/> Acid <input type="checkbox"/> Mescaline <input type="checkbox"/> Opiates <input type="checkbox"/> Heroin <input type="checkbox"/> Steroids <input type="checkbox"/> Other (list) _____ <input type="checkbox"/> _____
If you checked any of the above drugs, give details below:			
Type of Drug or Narcotic	Month and Year First Used	Month and Year Last Used	Lifetime Total Times Used
26. Have you ever used a prescription drug not prescribed for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
27. Have you ever sold, provided or given illegal drugs or narcotics to anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
28. Have you ever grown marijuana or manufactured any type of drug or narcotic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
29. Have you or anyone else ever injected an illegal drug or narcotic into your body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
30. Do you associate with any person who you suspect uses illegal drugs or narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
31. When was the last time you were present where illegal drugs, narcotics, or other illegal substances were being used? Month:_____ Year:_____ Location & Circumstances:			

Personal History Statement

Education

32. Please indicate level of education:

- ☐ I possess a high school diploma dated _____
- ☐ I passed the G.E.D. (General Educational Development) test dated _____
- ☐ I possess a two-year college degree dated _____
- ☐ I possess a four-year college or university degree dated _____

33. Please list all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted.

Name of School	Location of School (City and State)	Dates Attended		Major	Units Earned	Type of Degree
		From Month/Year	To Month/Year			

34. Have you ever been suspended or expelled from any high school or post-secondary school?

- ☐ Yes ☐ No If yes, please explain (include school, date, and circumstances)

Personal History Statement

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for a background investigation.

35. Please list all of your residences of the past 10 years. There should be no gaps in residence dates.
Begin with your current residence and list backward in chronological order.

	Address	City, State, Zip Code	Dates		If rented, give name, address and telephone of the person responsible for the collection of the rent.
			From Mo. Yr.	To Mo. Yr.	
A					
	With whom did you live (include relationship)		Reason for moving		
B					
	With whom did you live (include relationship)		Reason for moving		
C					
	With whom did you live (include relationship)		Reason for moving		
D					
	With whom did you live (include relationship)		Reason for moving		
E					
	With whom did you live (include relationship)		Reason for moving		
F					
	With whom did you live (include relationship)		Reason for moving		

Personal History Statement

Employment History

36. Beginning with your current employment, **please list in chronological order** all jobs you have held in the past 10 years, including full-time, part-time, temporary and volunteer positions, military service and periods of unemployment. Use additional sheets, if necessary.

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor
From Mo. Yr. ____/____ To Mo. Yr. ____/____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Telephone No.	Name(s) of co-worker(s)
	Job title and duties (for identification purposes)	Starting/ending salary	

Reason for leaving

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. / Yr.	To	Mo. / Yr.
---	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor
From Mo. Yr. ____/____ To Mo. Yr. ____/____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Telephone No.	Name(s) of co-worker(s)
	Job title and duties (for identification purposes)	Starting/ending salary	

Reason for leaving

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. / Yr.	To	Mo. / Yr.
---	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor
From Mo. Yr. ____/____ To Mo. Yr. ____/____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Telephone No.	Name(s) of co-worker(s)
	Job title and duties (for identification purposes)	Starting/ending salary	

Reason for leaving

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. / Yr.	To	Mo. / Yr.
---	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		Name of supervisor
From Mo. Yr. ____/____ To Mo. Yr. ____/____ <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Telephone No.	Name(s) of co-worker(s)
	Job title and duties (for identification purposes)	Starting/ending salary	

Reason for leaving

<input type="checkbox"/> Military Service <input type="checkbox"/> Not employed	From	Mo. / Yr.	To	Mo. / Yr.
---	------	-----------	----	-----------

Personal History Statement

Additional Employment Information

37. May we contact your current employer?

☐ Yes ☐ No If no, please explain.

38. Have you ever held employment under another name?

☐ Yes ☐ No If yes, please give details (include dates, name(s) used and, name of employer(s)).

39. Have you had any extended work absences for reasons other than earned vacations?

☐ Yes ☐ No If yes, please explain (include when, name of employer(s) and why).

40. Have you ever been fired or asked to resign from any place of employment?

☐ Yes ☐ No If yes, please explain (include when, name of employer(s), why).

41. If you have never held employment, please explain.

Personal History Statement

Military Service

42. Are you currently participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Service	Service Number	Dates of Service ____ / ____	
43. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Branch of Service	Service Number	Dates of Service ____ / ____ to ____ / ____	Type of Discharge
44. If you are a male and have never served in the armed forces, please provide the following:			
Selective Service Number	Approximate Date of Registration	Address at Time of registration	
45. Were you ever investigated for any criminal activity while in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
46. While in the military, Active Duty, Reserves or National Guard were you ever charged with or did you receive Non-Judicial Punishment or any Summary, Special or General Court Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the crime, when and where did it occur? What was the outcome or punishment?			
47. While in the military, Active Duty, Reserves, or National Guard, did you receive any documented counseling for adverse or marginal performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
48. While in the military, Active Duty, Reserves, or National Guard, did you receive any adverse or sub-standard evaluation, fitness report, or conduct and proficiency marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
49. Have you ever held or do you currently hold a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what level and for what specific job?			

Personal History Statement

Military Service

50. Please list all of your military occupational specialties.

Title	Alpha-Numeric Designator	Date

51. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you and your qualifications for this position.

Name	Contact Address	Contact Telephone	Years Known	
			From	To

Personal History Statement

Financial

52. The management of personal finances is relevant to an individual's qualifications for employment with the Idaho State Police. Therefore, please fill in the financial statement below. Be complete and accurate. The behavior exhibited in meeting your financial obligations, not necessarily the amount of indebtedness will be used in evaluating your qualifications.

Current Monthly Income			Current Monthly Expenditures		
Monthly salary	\$		Real estate (mortgage) payment(s)	\$	
Spouse's salary			Rent		
Other monthly income – describe:			All credit cards - describe:		
			Car payments:		
			Student Loans:		
			Other monthly payments – describe:		
			Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations.		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	
Current Assets			Current Liabilities		
Savings	\$		Real estate indebtedness	\$	
Checking			Car loan balance:		
			Credit card debt:		
Real estate value (what you could sell it for today)					
Stocks and bonds			Student loan balance		
Life insurance (cash value of whole life policy)			Other liabilities/debt – describe:		
Autos					
Other assets - describe:					
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

Personal History Statement

Financial

53. Please list all banks or savings institutions where you have accounts, indicating whether accounts are savings or checking.				
INSTITUTION	BRANCH	ADDRESS	TYPE OF ACCOUNT	
			HOW LONG	
INSTITUTION	BRANCH	ADDRESS	TYPE OF ACCOUNT	
			HOW LONG	
INSTITUTION	BRANCH	ADDRESS	TYPE OF ACCOUNT	
			HOW LONG	
INSTITUTION	BRANCH	ADDRESS	TYPE OF ACCOUNT	
			HOW LONG	
54. Please supply more detailed information about your charge accounts, leases, contracts and other financial liabilities.				
	Firm	Address, City, State and Zip Code		
A				
	Reason for debt	Monthly payments	Original amount owed	Current balance
B				
	Reason for debt	Monthly payments	Original amount owed	Current balance
C				
	Reason for debt	Monthly payments	Original amount owed	Current balance
D				
	Reason for debt	Monthly payments	Original amount owed	Current balance
E				
	Reason for debt	Monthly payments	Original amount owed	Current balance
F				
	Reason for debt	Monthly payments	Original amount owed	Current balance

Personal History Statement

Financial

55. Have you ever filed for or declared bankruptcy or filed for the wage earner's plan?

☐ Yes ☐ No If yes, please give details (include when, where, why).

56. Have any of your bills ever been turned over to a collection agency?

☐ Yes ☐ No If yes, please give details (include when, debtors involved, circumstances).

57. Have you ever had purchased goods repossessed?

☐ Yes ☐ No If yes, please give details (include when, debtors involved, circumstances).

58. Have you ever sued or been sued, either in court or small claims court, or had any case heard by any binding or non-binding arbitrator or court TV?

☐ Yes ☐ No If yes, please explain.

Personal History Statement

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of peace officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

59. Current Driver's License Number		State	Class (Type of License)	Expiration Date
Name under which license was granted			Other Names Used	
60. Please list other states where you have been licensed to operate a motor vehicle.				
State	Yrs	State	Yrs	State
Name under which license was granted		Name under which license was granted		Name under which license was granted
NUMBER		NUMBER		NUMBER
61. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, including when, where and why.				
62. Have you ever applied for or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
63. Has your license ever been suspended, revoked, or disqualified in Idaho or in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including what, when where, why.				
64. Have you ever been refused insurance for any reason other than failure to pay a premium? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain including company name and address, date, and reason.				
65. Idaho law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$50,000 cash or securities with the Idaho State Treasurer. Therefore, please list the current liability insurance you have with your motor vehicles.				
Company		Address		Date of Expiration
If you are bonded or have deposited \$50,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$50,000				

Personal History Statement

Motor Vehicle Operation				
66. Please list all traffic citations (excluding parking citations) you have received in the last 5 years starting with the most recent. If additional room is needed, please continue on the back of the page using the same format.				
Nature of Violation	Location (City, State)	Approximate Date	Indicate whether fined or action taken on driver's license	
67. Have you ever failed to appear in court on a traffic citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was a warrant ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
68. Have you ever failed to pay a parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				
69. Have you ever been involved in a motor vehicle accident as a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the following information:				
Date	Location			
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location			
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Location			
		<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury		
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
70. Is there anything you wish to discuss about your driving record? Please use the space below.				
71. List all vehicles you own, posses and/or that are registered to you:				
Year	Make	Color	Body-style	License (Include State)

Personal History Statement

Law Enforcement Information

72. Have you ever been a successful or unsuccessful candidate for any law enforcement agency, including this department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all agencies with which you have applied, starting with the most recent. Give complete addresses and an appropriate telephone number for each agency.		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		
Name of Agency - Complete Address, Zip Code, Telephone	Position/Classification	Date (Month/Year)
Submitted Application Only <input type="checkbox"/> Took Written? <input type="checkbox"/> Yes <input type="checkbox"/> No Took physical abilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted background packet? <input type="checkbox"/> Yes <input type="checkbox"/> No Background investigation conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Psychological? <input type="checkbox"/> Yes <input type="checkbox"/> No Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No STATUS AND/OR RESULTS:		

Personal History Statement

Law Enforcement Information

73. Do you have any prior law enforcement experience? Include police reserves and/or military police. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Agency	Rank, Title, Position		Date
74. Have you ever attended any law enforcement training center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Academy Name:	Dates from _____ to _____		Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:	Zip code:
Academy Name:	Dates from _____ to _____		Did you complete the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City:	State:	Zip code:
75. Please list any active or inactive POST Patrol Certifications you currently hold or have held.			

Personal History Statement

75. Please state your reasons for wanting to become an employee with the Idaho State Police. List any additional experience or qualifications you feel may be beneficial. Complete this section in your own handwriting or printing. Do not type.

[illegible]

Personal History Statement

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION.

If you are responding to a question, please write the number of the question.

[illegible]

I understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all statements made in this personal history statement are true and complete and that I personally completed this form. I understand that any discrepancies, misstatements, omissions and/or falsifications may cause my name to be removed from the eligible list, or be cause for dismissal if an appointment was made.

I have read the above statement and prior to submitting my personal history statement and I have reviewed this document carefully for accuracy.

Signature

Date completed

Personal History Statement

IDAHO STATE POLICE AUTHORIZATION FOR RELEASE OF RECORDS AND PERSONAL INFORMATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, _____, do hereby authorize a review of and full disclosure of all records and information concerning myself to any duly authorized agent of the Idaho State Police (ISP), regardless of whether the said records and information are of a public, private, or confidential nature. This shall include, but not be limited to, employment files, personnel records; background investigation files; disciplinary records; any and all internal affairs investigations, complaints or grievances filed by or against me; training files; arrest, criminal, probation and driving records; polygraph and psychological examination and opinions .

The intent of this authorization is to give my unqualified consent for disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records of attorneys or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by ISP. I also certify that any partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns who may furnish such information concerning me shall not be held liable for giving records or information. I do hereby release said partnership, person, association, organization, governmental entity or agency, including their officials, employee(s), agents and assigns from any and all claims or causes of action whatsoever for damages, expenses, costs or attorneys fees which may be incurred as a result of furnishing such information.

I understand that ISP is a law enforcement agency, and has an obligation to report and investigate any allegations of criminal misconduct. I understand that any information involving any criminal misconduct disclosed or discovered during the course of this background investigation may be forwarded to the appropriate law enforcement agency. Understanding the above, I hereby give the Idaho State Police full and complete consent to disclose without further notice the findings and results of this comprehensive background investigation to an appropriate law enforcement agency in furtherance of any criminal investigation.

By means of this authorization, I am giving my consent to ISP to follow up inquiries into my personal history statement.

Once submitted, your PHS and all material and information gathered and/or discovered during the hiring process becomes the sole property of the Idaho State Police.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DATED this _____ day of _____ . _____

Signature (include maiden name)

Street Address

_____, _____ - _____
City State Zip Code

Telephone: _____

Date of Birth: _____

Social Security # _____ - _____ - _____

SUBSCRIBED AND SWORN TO before me, a Notary Public in the State of _____, this _____ day of _____, 20__.

Notary Public for _____
Residing at _____,
My commission expires: _____

Personal History Statement

ADDITIONAL WAIVER – Peace Officer applicants only

To Whom It May Concern:

I, _____ (Name, date of birth), am an applicant for a **commissioned position** within the State of Idaho.

_____ I fully understand the Idaho State Police will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and integrity to perform as a commissioned officer in the State of Idaho. I recognize and understand that this background investigation will include, but not be limited to, personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior, and any other behaviors deemed by the Idaho State Police to be detrimental for the service as a commissioned officer in the State of Idaho. I also fully understand that information learned by the Idaho State Police may result in adverse employment consequences, including, but not limited to, not being hired.

_____ Recognizing all of the above, I hereby give the Idaho State Police full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer and/or Idaho POST. I understand that this disclosure may result in adverse consequences for me in my current job, including, but not limited to, termination from employment, negative reference for future employment, possible criminal prosecution and the possibility of disqualification of being a peace officer in the State of Idaho. I agree to hold the Idaho State Police harmless from any and all claims made by me as a result of this release of information. I further understand that the decision to release this information to my current employer rests solely with the Idaho State Police.

_____ I have initialed each of the above paragraphs and have signed this waiver at the bottom of this page voluntarily with full understanding of the contents and consequences of this waiver. I further acknowledge that I have been offered the opportunity to withdraw my application for employment before submitting to a background investigation.

Current Employer: _____

Department Head: _____

Address and phone number: _____

DATED this _____ day of _____, _____

Signature (include maiden name)

Street Address

_____, _____ - _____
City State Zip Code

Telephone: _____

Date of Birth: _____

Social Security # _____ - _____ - _____

SUBSCRIBED AND SWORN TO before me, a Notary Public in the State of _____, this _____ day of _____, 20____.

Notary Public for _____
Residing at _____, _____
My commission expires: _____

Personal History Statement

Idaho State Police
Authorization for Release
Consumer Disclosure Pursuant to Fair Credit Reporting Act
(15 U.S.C. 1681b)

An investigative consumer report may be obtained for employment purposes. Prior to taking any adverse action based in whole or in part of the report, the Idaho State Police shall provide you with a copy of the report and a copy of your rights under the Fair Credit Reporting Act.

I, _____ (print name), authorize the Idaho State Police to procure my consumer credit report.

(Signature)

(Date)

Personal History Statement

IDAHO STATE POLICE BACKGROUND INVESTIGATION REQUIRED DOCUMENTS

IMPORTANT-Read and follow these instructions carefully.

Instructions: It is your responsibility to obtain the required documents listed below. It may take several weeks to gather some of these documents, so begin working on them at once. Do not delay completing your background package while waiting for these documents. Submit your background package by the stated deadline, even if some of the original documents are not immediately available. You must attach legible copies of those original documents, when you turn in your background package. All copies of documents are *one item per page except driver's license and Social Security card*. Failure to promptly provide these documents may result in the suspension of your background from employment consideration.

Rental Contract: Rental application/contract and/or agreement from current landlord.

Birth Certificate: Documentation of U.S. Citizenship, or status as a permanent resident alien (birth certificate, naturalization certificate, or passport).

Drivers License/SS card: Drivers license and official Social Security card photocopied together on one page.

Marriage/Divorce paperwork: Official marriage certificate(s) and final judgment of dissolution/annulment for each marriage dissolved.

Legal Documents: Any document relating to any civil, criminal, or bankruptcy proceedings (i.e., arrest reports, traffic collision reports within the past 5 years, case reports, civil suits).

High School Diploma: High school diploma **or** GED Certificate with test scores **or** High School Proficiency Certificate **or** high school transcript with graduation date listed on official transcript.

College Diploma or Transcripts. Request official, sealed transcripts from each post-secondary school you attended. Have each school mail the transcripts directly to:

Idaho State Police HR, 700 S. Stratford Dr., Meridian, ID 83642

Name Changes: All documents reflecting any name changes from name listed on birth certificate

Military DD-214: Military DD-214 Long Form for anyone who served any time in the military.

Selective Service Registration: Registration information can be obtained at www.sss.gov. Males born between 1-1-54 and 12-31-59 had no registration requirement.

Vehicle Insurance: Insurance cover page(s) indicating proof of required vehicle insurance listing your vehicles, your coverage and indicating that you are an insured driver.

Vehicle Registration: Vehicle registration for all owned vehicles.

THE FOLLOWING ADDITIONAL INFORMATION AND DOCUMENTS ARE REQUIRED FROM APPLICANTS WHO ARE PRESENTLY IN LAW ENFORCEMENT, OR WHO HAVE BEEN LAW ENFORCEMENT, OR CORRECTIONS OFFICERS, OR HAVE ATTENDED ANY LAW ENFORCEMENT ACADEMY.

1. Law Enforcement Training Academy or Corrections Academy Graduation Certificate(s).
2. All P.O.S.T. Certificates.
3. CPR Card, First Aid Card.
4. Copies of any Internal Affairs Files.
5. Copies of performance evaluations from the last three years.
6. List of last three supervisors, indicating rank, current assignment, and work phone number/daytime number.

Personal History Statement

IDAHO STATE POLICE BACKGROUND INVESTIGATION POLYGRAPH

Areas which will be covered during the pre-employment polygraph interview and examination for the position you have applied for with the Idaho State Police:

- A. **Application information:** These questions address each applicant's truthfulness, in regards to the information he or she has supplied during the application process that includes the background information.
- B. **Alcohol and narcotic usage:** These questions delve into the applicant's pattern of usage of both alcohol and illegal drugs or narcotics, including a detailed inventory of the types of drugs used, the frequency of usage, and the last contact with drugs
- C. **Criminal activity and associations:** Past criminal acts, associations with criminal elements, prior arrests or detentions by police agencies and the applicant's driving record are discussed.
- D. **Past employment:** The applicant's work history is discussed.
- E. **Security matters:** The applicant is questioned as to whether he or she has ever associated with any subversive groups.
- F. **Military service:** The applicant's history of military service, if any, is discussed.
- G. **Marital status:** The applicant's marital status, prior marriages, number of dependants and how the applicant handles those responsibilities are discussed.
- H. **Gambling:** The applicant's gambling habits, if any, are discussed.
- I. **Indebtedness:** The applicant's handling of financial responsibilities and present financial status are discussed.
- J. **Sexual activities:** Applicants are questioned about whether they have a history of participation in certain sexual behaviors, which would directly conflict with the duties of an employee of the Idaho State Police.
- K. **Prior law enforcement experience:** Applicants with any prior law enforcement experience, civilian or military, are questioned about their performance in that position
- L. **The job:** Questions regarding essential job functions, and the willingness to comply with the rules and regulations.